P. 1



DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206

PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

TOLL FREE 1-877-601-2828

L-5 (Rev 1/09)

PDC FORM

LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES

2020-07-30

3844

	304-	±		
Agency or Governmental Entity Name and Address	Date prepared		Report for calendar quarter ending	
SOCIAL & HEALTH SVCS, DEPT OF		2020-07-30		
PO BOX 45010	Co	ounty	JUN 2020 Month Year	
OLYMPIA WA 98504-5010		THURSTON		
PERSONS WHO LOB	BIED THIS QUARTI	ER		
Name Job title	•	Annual salary	% of time spent lobbying	
BILL MOSS Ass	istant Secretary	ant Secretary \$162,876.0 0.23%		
Bill/WAC number General description of lobbying activities or objectives OTHE LOBBIED SEN KAREN KEISER, DISCUSSEN/A	ED PARAMOUNT REI	НАВ		
OTHE LOBBIED SEN KAREN KEISER, DISCUSSED NURSING HOMES AND COVID19 N/A				
Check if person spent more than \$15 of non-public funds in lobbying		Aal aalam.	Of aftilizer are put labeled as	
Name Job title		Annual salary	% of time spent lobbying during quarter	
BABETTE ROBERTS DIRE	ECTOR, CSD	\$115,000.0	0.19%	
Bill/WAC number General description of lobbying activities or objectives OTHE LOBBIED REP DEBRA ENTENMAN VIA PHO N/A Check if person spent more than \$15 of non-public funds in lobbying	DNE			
		Annual salary	% of time spent lobbying	
		,	during quarter	
Bill/WAC number General description of lobbying activities or objectives Check if person spent more than \$15 of non-public funds in lobbying				
EXPENDITURES FOR LOBBYING THIS QUARTER Report only the separately identifiable and measurable expenditures incurred for lobbying purposes				
Salaries Of Persons Who Lobbied (Include only portion of quarterly salary attributable to lobbying)			\$149.26	
Travel (Include food, lodging, per diem payments and cost of transportation used)			\$0.00	
Brochures And Other Publications Whose Principal Purpose Is To Influence Legislation			\$0.00	
Consultants Or Other Contractual Services \$0.0			\$0.00	
			\$149.26	
	Total To Date T	his Year	\$0.00	
CERTIFICATION: I certify that to the best of my knowledge the above is a true, complete and correct statement in accordance with RCW 42.17.190.	Name of employee completing report MARDY FRANKS			
Signature of agency head	Work telephone Number 360-902-7811			
CHERYL STRANGE	Work E-mail MARDY.FRANKS@DSHS.WA.GOV			

ACTIVITIES CONTINUATION

Agency or Governmental Entity Name

Report for calendar quarter ending

Agency or Governm	ental Entity Name	Report to	or calendar quarter ending
SOCIAL & HEA	LTH SVCS, DEPT OF	JUN Month	2020 Year
Name of Lobbyist:	BILL MOSS		
Bill/WAC #	Description		
НВ 5672	DISCUSSION ON HB 5672		
Bill/WAC #	Description	COVID19) IMPACTS